

FAUQUIER COUNTY DISABILITY SERVICES BOARD

DISABILITY FRIENDLY AWARD NOMINATION FORM
Individuals or Organizations

Nominee: _____

Address: _____ Zip _____

Nominator's Name _____ Phone _____ Email _____

The nominee is being submitted for the following reason and/or action:

_____ For meeting the needs of Fauquier County citizens with disabilities

_____ For making a commitment to promote positive awareness of the needs of Fauquier County citizens with disabilities.

_____ For making a commitment to advocate or otherwise support Fauquier County citizens with disabilities

Please use the space below to describe how the nominee has met the criteria as specified above and give any additional information that should be considered. If possible or applicable, please attach copies of any supporting documentation.

Please submit your nomination to: Fauquier County DSB, 24 Pelham Street, Warrenton, VA 20186. You may fax your nomination to 540-349-1792. Questions: 540-341-7950 ext. 25.

Date Received in DSB Office _____ (DSB completion only)